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YOUR NAME, IN PRO PER

**SUPERIOR COURT OF THE STATE OF CALIFORNIA**

**FOR THE COUNTY OF SAN DIEGO**

|  |  |  |
| --- | --- | --- |
| NAME OF PLAINTIFF(S)  Plaintiff(s),  vs.  NAME OF DEFENDANT(S),  Defendant(s). | )  )  )  )  )  )  )  )  )  )  ) | Case No.:  **DOCUMENT TITLE (e.g., NOTICE OF MOTION AND MOTION FOR STRIKING PORTIONS OF COMPLAINT)**    **DATE: (date of hearing)**  **TIME: (time of hearing)**  **DEPT: (department number)** |

The text of your document begins here.

DATED: [Today’s Date]

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|  | *(Sign your name in blue or black ink)* |  |
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